



**DEPARTMENT OF INSURANCE
STATE OF ARIZONA
FINANCIAL AFFAIRS DIVISION - TAX UNIT**
2910 North 44th Street, Suite 210
Phoenix, Arizona 85018-7256
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SURVEY OF ARIZONA DOMESTIC INSURERS - 2004 CALENDAR YEAR REPORTING PERIOD

COMPANY NAME _____ NAIC NUMBER: _____

This Survey is REQUIRED TO BE FILED WITH the Annual Premium Tax and Fees Report pursuant to A.A.C. R20-6-206.
See Form E-Survey.Instruction for details of the information and supporting document required.

TOTAL PREMIUMS TAXED BY STATES AND TOTAL LOCAL OR REGIONAL TAXES PAID

States with Local or Regional Taxes	Premiums Taxed? YES or NO (1)	Total Life Insurance Premiums TAXED by listed State (Per State Tax Reports) (2)	Total Annuity Considerations TAXED by listed State (Per State Tax Reports) (3)	Total of All Other Premiums TAXED by listed State (Per State Tax Reports) (4)	Total Local & Regional Taxes PAID to Counties, Cities, etc. in listed States (5)
Alabama	_____	\$ _____	\$ _____	\$ _____	\$ _____
Florida	_____	\$ _____	\$ _____	\$ _____	\$ _____
Georgia	_____	\$ _____	\$ _____	\$ _____	\$ _____
Illinois	_____	\$ _____	\$ _____	\$ _____	\$ _____
Kentucky	_____	\$ _____	\$ _____	\$ _____	\$ _____
Louisiana	_____	\$ _____	\$ _____	\$ _____	\$ _____
Missouri	_____	\$ _____	\$ _____	\$ _____	\$ _____
Nebraska	_____	\$ _____	\$ _____	\$ _____	\$ _____
New York	_____	\$ _____	\$ _____	\$ _____	\$ _____
Pennsylvania	_____	\$ _____	\$ _____	\$ _____	\$ _____
South Carolina	_____	\$ _____	\$ _____	\$ _____	\$ _____
West Virginia	_____	\$ _____	\$ _____	\$ _____	\$ _____

I certify that the information contained in this survey has been truthfully and accurately reported.

Type or Print Preparer's Name and Title

E-Mail Address

Preparer's Signature

Date

Phone Number

Fax Number